

**SOUTH DAKOTA**  
**BOARD OF HEARING AID DISPENSERS AND AUDIOLOGISTS**  
135 East Illinois • Suite 214 • Spearfish, SD 57783  
(605) 642-1600

**RENEWAL APPLICATION**

**Please Print or Type**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Lic#: \_\_\_\_\_

Social Security # \_\_\_\_\_ ( Social Security Number's use is intended for purposes of identification related to licensure issues, discipline and other board related issues)

I am licensed as a Hearing Aid Dispenser \_\_\_\_\_

I am licensed as an Audiologist \_\_\_\_\_

**FOR BOARD USE ONLY**

Date \_\_\_\_\_ Ck# \_\_\_\_\_

Child Support Checked: ☐ OK ☐ NOT OK

*I am not renewing \_\_\_\_\_. If not renewing, please complete the top portion and return this form to the board office. No additional notices will be sent to you.*

Business Name: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_  
Street City State Zip Code

Business Mailing Address: \_\_\_\_\_  
P.O. Box or Street City State Zip Code

Home Mailing Address: \_\_\_\_\_  
P.O. Box or Street City State Zip Code

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

( ) PLEASE CHECK IF NEW ADDRESS (S)

(over)

**Since the date of issuance or renewal of your SD Hearing Aid Dispenser or Audiologist license,**

- 1.) Has this or any other state rejected your application or revoked your professional license or certificate?  
If yes, which state or states? \_\_\_\_\_ (Please attach explanation.) ☐ Yes ☐ No
- 2.) Has any professional association rejected your application for membership or revoked a membership you held? (If yes, attach explanation.) ☐ Yes ☐ No
- 3.) Have you been found guilty of unprofessional conduct by a duly constituted professional organization or convicted by another state licensure board of such unprofessional conduct?  
(If yes, give full details on a separate sheet.) ☐ Yes ☐ No
- 4.) Have you been convicted by a court of law for any offense in connection with your practice as a hearing aid dispenser or audiologist? (If yes, attach explanation) ☐ Yes ☐ No
- 5.) Have you been convicted of a felony after being licensed in the State of South Dakota? ☐ Yes ☐ No
- 6.) SDCL 25-7A-56 prohibits the issuance of renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? ☐ Yes ☐ No

I, \_\_\_\_\_, (*please print*) hereby apply for licensure renewal by the State of South Dakota Board of Hearing Aid Dispensers and Audiologists. Enclosed is the **\$200.00** renewal fee (*check or money order payable to the SD Board of Hearing Aid Dispensers and Audiologists*). I understand that the fee is not refundable. I declare and affirm under penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You Must Complete**

**CONTINUING EDUCATION:** 12 Hours are required for renewal, please list your hours.  
**SEND COPIES OF CERTIFICATES OF ATTENDANCE**

TITLE	AGENCY/SPONSER	DATES	HRS
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